

19 CV1393✓

Revised 03/06 WDNV

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORKFORM TO BE USED IN FILING A CIVIL COMPLAINT IN FEDERAL COURT
(Non-Prisoner Context)

All material filed in this Court is now available via the INTERNET. See **Pro Se Privacy Notice** for further information.

1. CAPTION OF ACTION

A. Full Name of Plaintiff: NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application or the only plaintiff to be considered will be the plaintiff who filed an application.

Denise Edmond (Proxy)
STEVEN EDMOND JR

-VS-

B. Full Name(s) of Defendant(s) NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. Add a separate sheet, if necessary.

- | | |
|--|--|
| 1. NEW YORK State Department of Correction | 4. Parole officer #323 |
| 2. V. Lack | 5. Medical Director Orleans Correction |
| 3. Bakowski | 6. Superintendent Orleans Correction |

2. STATEMENT OF JURISDICTION, VENUE and NATURE OF SUIT

All of these sections **MUST** be answered

Identify the basis for federal Court jurisdiction over your claim, such as that the United States government is a party to the action, all the parties reside in different states and therefore you claim diversity jurisdiction, or the claim presents a federal question or arises under federal law.

A. Basis of Jurisdiction in Federal Court: STEVEN EDMOND JR; Civil rights has been violated by the parties named in this court filing

State why the Western District of New York is the proper venue for this action, such as that your claim arises in or the defendant resides in the 17 westernmost counties of New York State.

B. Reason for Venue in the Western District: WE picked this Venue because this is where Steven Edmond reside and birthplace

Identify the nature of this action, such as that it is a civil rights claim, a personal injury or personal property (tort) claim, a property rights claim, or whatever it is.

C. Nature of Suit: excessive force - 4th Amendment; Cruel and Inhuman treatment 8th Amendment; Failure to Diagnose and treat 8th and 14th Amendment; Failure to Supervise knowing diagnose of Bi-polar Schizophrenia, paranoia delusion.

4. Defendant: New York State Department of Correction

Official Position: jane Doe

Address of Defendant: 1220 Washington Ave #9, Albany NY 12226

5. Defendant: jane Doe

Official position of defendant: Medical director of Orleans correctional facility

Address of defendant: 3531 Gaines basin Rd, Albion NY 14411

6. Defendant: jane Doe

Official position of defendant: superintendent of Orleans Correctional facility

Address: 3531 Gaines basin rd., Albion NY 14411

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name of First Plaintiff: Denise Edmond (Proxy)

Present Address: 102 Herbert St
Cheektowaga Ny 14225

Name of Second Plaintiff: Steven Edmond

Present Address: 102 Herberts
Cheektowaga Ny 14225

DEFENDANT'S INFORMATION NOTE: To list additional defendants, use this format on another sheet of paper.

Name of First Defendant: V. Lack as of 5/16/19

Official Position of Defendant (if relevant): Offender Rehabilitation Coordinator

Address of Defendant: 3531 Gaines Basin Rd Albion Ny 14411
Orlean Correctional Facility.

Name of Second Defendant: Bakowski

Official Position of Defendant (if relevant): Supervising offender rehabilitation Coordinator

Address of Defendant: Orlean Correctional Facility
3531 B Gaines Basin Rd Albion Ny 14411

Name of Third Defendant: Parole officer #323

Official Position of Defendant (if relevant): Parole officer

Address of Defendant: 110 E Fourth St
Jamestown Ny 14701

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No X

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket or Index Number: _____

4. Name of Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes ____ No ____

If not, give the approximate date it was resolved. _____

Disposition (check those statements which apply):

____ Dismissed (check the statement which indicates why it was dismissed):

____ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

____ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

____ By court due to your voluntary withdrawal of claim;

____ Judgment upon motion or after trial entered for

____ plaintiff

____ defendant.

5. STATEMENT OF CLAIM

Please note that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, just tell the story of what happened and do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995).

Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

A. FIRST CLAIM: On (date of the incident) 2/6/2019,

defendant (give the **name and (if relevant) the position held** of **each defendant** involved in this incident) _____

V. Lack filled out paper for STEVEN EDMOND Leaving out how Severe Steven Edmond mental Health is (knowing) because of mental Health status he was not able to consent.

did the following to me (briefly state what each defendant named above did):

V. LACK by not labeling Steven Edmond mental Health Status Correctly Steven was not eligible or/ was not linked to any outside source. V. Lack was aware of Steven hospitalization for Bipolar Schizophrenia paranoia, delusion from 2012 on ~~the~~ Oct 18, 2018, still didn't seek outside advocate.

The federal basis for this claim is: Cruel and Inhuman treatment 8th Amendment
Failure to Diagnose and treat Bipolar Schizophrenia paranoia
8th + 14th Amendment

State briefly **exactly** what you want the Court to do for you. Make no legal arguments and cite no cases or statutes:

I would like the Courts give Steven some relief from parole or give him a chance with outside advocate a chance to help him ~~and~~ be successful on parole. I would like the Court to reward pain and suffering.

B. SECOND CLAIM: On (date of the incident) FEB 6, 2019,

defendant (give the name and (if relevant) position held of each defendant involved in this incident) Bakowski
Knowing Steven Edmond Medical Diagnosis, Co signed that Steven was able to consent to his conditions

did the following to me (briefly state what each defendant named above did): by not linking up with any outside source in the mental Hygiene Community Bakowski denied Steven the right to get help from any outside resource and family to help him thru this illness

The federal basis for this claim is: Cruel and inhuman treatment 8th Amendment
Failure to Diagnose and treat Bipolar Schizophrenia paranoia
8th + 14th Amendment

State briefly **exactly** what you want the Court to do for you. Make no legal arguments and cite no cases or statutes:

I would like the Courts to find some relief for Steven with Parole, also would like the Courts to look at Pain and Suffering.

If you have additional claims, use the above format to set them out on additional sheets of paper.

Third claim: Parole Office #323

On date: 2/8/2019

Defendant: parole officer #323

Steven Edmond was made to sign consent forms, knowing his diagnose. Then told he can't come home to buffalo and place in a hotel room in Dunkirk NY and told report in Brockport another miles apart in catatonic state away from family and friend. Where I found Steven was wondering around in this catatonic state,

Federal basis for this claim: failure to supervise knowing Bi-polar schizophrenia paranoia delusion 8th, 14th amendment

I would like the court to give Steven some relief from parole or give Steven a chance to be successful on this program by allowing friends, family and mental health that are there waiting and ready to help

Fourth claim:

On Date: Oct 18, 2019

Defendant: jane Doe

Position of defendant: Medical Director of Orleans correctional facility

Steven Edmond was hospitalize at two hospital (medina, ECMC) for a change in mental status, the family or mental hygiene was not notify about this which allow Olean correction facility cover to do what they please with Stevens mental status knowing that he is not able to speak for himself, when Steven came from ecmc, the correction facility decide to keep Steven in solitary confinement for two months, where they didn't allow anyone to see Steven ,denied Steven mental health evaluation from outside source once him came from the hospital

Federal basis for this claim: failure to diagnose and treat bipolar schizophrenia paranoia delusion 8th Amendment and 14th Amendment, failure supervise knowing illness 8th and 14th Amendment

I would the court to find some type of relief for Steven Edmond from parole or allowing him to success with the help from friends and family or an advocate form mental health, also would like the courts to look at pain and suffering

6. SUMMARY OF RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

I would like the Courts to look at the
Civil right Violation that Orlean Correctional
Facility broke against Steven Edmore and
To get him some relief from parole I would like the
Courts to look at pain and suffering

Do you want a jury trial? Yes ☒ No ☐

I declare under penalty of perjury that the foregoing is true and correct.

Executed on Oct 15, 2019
(date)

NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.

Steven Edmore (Proxy)
Steven Edmore Jr

Signature(s) of Plaintiff(s)

CIVIL COVER SHEET

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The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS Denise Edmond
Steven Edmond

DEFENDANTS V. Lack, Bakowski, Parole Officer
Medical Director #323
Superintendent NYS Department of Correction
County of Residence of First Listed Defendant

(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES)

(IN U.S. PLAINTIFF CASES ONLY)
NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) Attorneys (Firm Name, Address, and Telephone Number)

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question
(U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity
(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT		TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act	
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))	
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability			<input type="checkbox"/> 400 State Reapportionment	
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 370 Other Fraud			<input type="checkbox"/> 410 Antitrust	
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 371 Truth in Lending			<input type="checkbox"/> 430 Banks and Banking	
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 380 Other Personal Property Damage			<input type="checkbox"/> 450 Commerce	
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 385 Property Damage Product Liability			<input type="checkbox"/> 460 Deportation	
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 355 Motor Vehicle Product Liability				<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations	
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 360 Other Personal Injury				<input type="checkbox"/> 480 Consumer Credit	
<input type="checkbox"/> 190 Other Contract	<input checked="" type="checkbox"/> 362 Personal Injury - Medical Malpractice				<input type="checkbox"/> 490 Cable/Sat TV	
<input type="checkbox"/> 195 Contract Product Liability					<input type="checkbox"/> 850 Securities/Commodities/Exchange	
<input type="checkbox"/> 196 Franchise					<input type="checkbox"/> 890 Other Statutory Actions	
					<input type="checkbox"/> 891 Agricultural Acts	
					<input type="checkbox"/> 893 Environmental Matters	
					<input type="checkbox"/> 895 Freedom of Information Act	
					<input type="checkbox"/> 896 Arbitration	
					<input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision	
					<input type="checkbox"/> 950 Constitutionality of State Statutes	

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

VI. CAUSE OF ACTION

Brief description of cause: 4th 8th 14th Amendment

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:
JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

Pro-SE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____